



APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN LIMITED LIABILITY COMPANY

State Form 49464 (R5 / 5-14)

Approved by State Board of Accounts, 2014

CONNIE LAWSON
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
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- INSTRUCTIONS:**
1. Use 8 1/2" x 11" white paper for attachments.
 2. Present original and one (1) copy to the address on upper right corner of this form.
 3. Please TYPE or PRINT in INK.
 4. Please visit our office at www.sos.in.gov.
 5. Make check or money order payable to Secretary of State.

Indiana Code 23-18-11-4

FILING FEE: \$ 90.00

- NOTES:**
1. Applicant must submit a certificate of existence issued by the proper authority within the last sixty (60) days.

APPLICATION FOR CERTIFICATE OF AUTHORITY OF

The undersigned manager or member desiring to effectuate the admittance of the above Limited Liability Company (LLC) to transact business in the State of Indiana, certifies the follow facts:

ARTICLE I: NAME AND PRINCIPAL OFFICE

Fictitious Name (Only used if name in the application is not available in Indiana.)

Address of the Principal Office (number and street)

City

State

ZIP code

ARTICLE II: REGISTERED OFFICE AND REGISTERED AGENT

Name of the Registered Agent (Cannot be organization itself.)

Address of Registered Office (number and street) (PO Box not accepted)

City

State

ZIP code

IN

Required:

- ☐ By checking the box, the Signator(s) represents that the registered agent named in the application has consented to the appointment of registered agent.

ARTICLE III: DATE OF ORGANIZATION AND DURATION OF EXISTENCE

Date of organization in domiciliary state (month, day, year)

State of organization

- ☐ The LLC is perpetual until dissolution.

OR

- ☐ The latest date upon which the LLC is to dissolve (month, day, year): _____

ARTICLE IV: MANAGEMENT

- ☐ The Articles of Organization state that the LLC is to be managed by its member or members.
- ☐ The Articles of Organization provide for a manager or managers.

In witness whereof, the undersigned being the _____ of said LLC executes this Application for

(Manager or member)

Certificate of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this _____

day of _____, 20_____.

Signature

Printed name